New York State Department of Health Bureau of Water Supply Protection

WATER SYSTEM OPERATION REPORT

Microbiological Sample Results

Public Wat	er System Na	ne				D . D . C .	1	C	rce Water Type (s	5)
				Reporting Mo	onth/Year	Date Report Sub	mitted			
					<u>) </u>	//_	<u> 2 </u>		Ground GWU	
				$\frac{1}{M}\frac{1}{M}\frac{2}{Y}\frac{0}{Y}$	Y Y Y	MM DD YYYY		☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination		
	er System ID			County		Town, Village or City			4	
NY_										
	1				.10mimoti		<u> </u>	Othon Too '	nts / Readings	
	Source(s) in use	Treated water volume (1,000 gallons/day)	Gas	eous	nlorination Liquid		Other Treatm		ints / Readings	
DATE			Cylinder weight (lbs.)	Chlorine	Hypochlorite	Free chlorine residual at entry point (mg/l)				
DATE				used per day (lbs.)	added to crock (gallons or quarts)					
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2										
3										
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29										
30										
31										
TOTAL										
AVG.										
Chlorine M	lix Ratio =		quarts/ga	llons of		% chlorine ad	ded to		gallons of v	vater in crock.
Reported b	y:		Title	e:		_ NYSDOH Ope	rator Certificati	ion Number: _		
Signature:					Date:		Operator G	rade Level:		

			YES NO YES NO	YES YES YES YES	NO N		Number of microbiological monitoring samples taken: Did an M&R violation occur? Yes□ No□ If "Yes," check reason (s) below: Actual number of samples is fewer than requiredDid not collect/analyze repeat sampleDid not collect/analyze for E. coli for positive total coliform from routine / repeat sample Did an MCL violation occur? Yes□ No□ If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information). For systems collecting less than 40 samples per month: two more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation). The original sample was E.coli positive and at least 1 repeats.
			YES	VES VES	NO NO NO NO NO NO NO NO NO		If "Yes," check reason (s) below: Actual number of samples is fewer than requiredDid not collect/analyze repeat sampleDid not collect/analyze for E. coli for positive total coliform from routine / repeat sample Did an MCL violation occur? Yes□ No□ If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information). For systems collecting less than 40 samples per month: two more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES	YES YES	NO NO NO NO NO NO		Did not collect/analyze repeat sampleDid not collect/analyze for E. coli for positive total coliform from routine / repeat sample Did an MCL violation occur? Yes□ No□ If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information). For systems collecting less than 40 samples per month: two more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: mor than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES NO	YES VES VES VES VES VES VES VES	NO NO NO NO NO		Did not collect/analyze for E. coli for positive total colifor from routine / repeat sample Did an MCL violation occur? Yes□ No□ If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information). For systems collecting less than 40 samples per month: two more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: mor than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
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			YES NO YES NO YES NO YES NO YES NO YES NO	YES YES YES YES YES YES	NO NO NO NO		If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information). For systems collecting less than 40 samples per month: two more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: mor than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES NO YES NO YES NO YES NO YES NO	YES VES VES VES VES VES	NO NO NO		Additional information). For systems collecting less than 40 samples per month: two more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: mor than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES NO YES NO YES NO YES NO	YES YES YES YES	NO NO		more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: mor than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES NO YES NO	YES YES YES	NO		total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: mor than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES NO	YES YES	NO		than 5% of the samples (routine and/or repeat) are positive total coliform (= total coliform MCL violation).
			YES NO	YES			total coliform (= total coliform MCL violation).
					NO		The original sample was F coli positive and at least 1 rappo
			YES NO				sample was positive for total coliform (= E.coli MCL
				YES	NO		violation).
			YES NO	YES	NO		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a
			YES NO	YES	NO		repeat sample collection.
			YES NO	YES	NO		As required by 5-1.72, "Operation of a Public Water System copy of this form shall be sent to your local health departmen
			YES NO	YES	NO		the 10 th calendar day of the next reporting period.
			YES NO	YES	NO		
				<u> </u>			L
mple Collector(s):							
me of NYSDOH Certified Labor	•						
d any MCL violation occur? If so	o, please descrit	oe:					
d on amazanan ay an layy massayaa a	anahlam aaaun?	Did sour	an vyntau b				areass in the system? If so places avaloing
ran emergency or low pressure p	problem occur?	Dia soui	ce water b	ypass ai	i existi	ng treatment	process in the system? If so, please explain:
mments:							
innents.							